

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)Applicant(s): **Bryan P. Pendleton**

Docket No.

BAO-0052

Application No.

10/763,757

Filing Date

January 22, 2004

Examiner

Zakiya Nicole Walker

Customer No.

23413

Group Art Unit

3672Invention: **"SELF-ORIENTING SELECTABLE LOCATING COLLET AND METHOD FOR LOCATION WITHIN A WELLBORE"**

I hereby certify that this **Response to Office Action with a 1-Month Extension of Time**
(Identify type of correspondence)


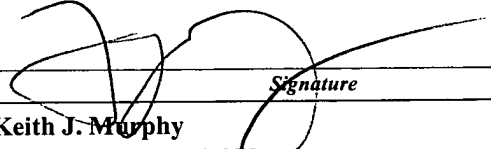
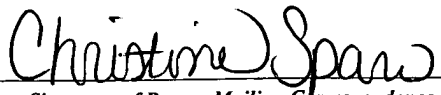
is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on
January 18, 2006
(Date)

Christine Spare

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

Note: Each paper must have its own certificate of mailing.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. BAO-0052	
Applicant(s): Bryan P. Pendleton					
Application No. 10/763,757	Filing Date January 22, 2004	Examiner Zakiya Nicole Walker	Customer No. 23413	Group Art Unit 3672	Confirmation No. 7542
Invention: "SELF-ORIENTING SELECTABLE LOCATING COLLET AND METHOD FOR LOCATION WITHIN A WELLBORE"					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	26 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	6 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 02-0429 in the amount of \$120.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature Keith J. Murphy Registration No. 33,919 Cantor Colburn, LLP 55 Griffin Road South Bloomfield, Connecticut 06002 Telephone No.: 860-286-2929 Facsimile No.: 860-286-0115 Customer No.: 23413			Dated: January 18, 2006		
CC:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on January 18, 2006 (Date)  Signature of Person Mailing Correspondence Christine Spare Typed or Printed Name of Person Mailing Correspondence		